STATE OF SOUTH CAROLINA	
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
Application for a Class E Household Goods Certificate from The Pendergrass Moving Company, LLC (Please type or print) Submitted by: The Pendergrass Moving Company, LLC Address: PO Box 1024 Mt. Pleasant, SC 29465	TRANSPORTATION COVER SHEET DOCKET NUMBER: 20/1 - 73 - 7 If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. Telephone: 843-971-0919 Fax: Other: Email: pendergrassmovingco@gmail.com
NOTE: The cover sheet and information contained herein neither replact as required by law. This form is required for use by the Public Service be filled out completely. NATURE OF ACTION	Commission of South Carolina for the purpose of docketing and must
Application - Class E Household Goods	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Request Conference Request Request Request Request Request Conference Reservation Letter Response Return to Petition
Request for Reinstatement	Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one)		Date:	02/17/2011
⊠ E (HHC	G) - Household Goods	S		
☐ E (HAZ	i) - Hazardous Materi	ial		
IMPORTANT! with the Commi	If application is to reasission before application	quest reinstatement or amend on will be accepted. If applic	scope of authoristion is for a	ority, a current annual report must be on file NEW CERTIFICATE, do not submit annua
Check one:				
New Appl	ication			
Amended	Scope of Authority			
	nt Scope: bunties)			
	ded Scope:			
Reinstaten	nent of Authority			
My Cortifi	cate of Public Conven	ience and Necessity Number i	S	My certificate was revoked/
cancelled	on	because		
L Name under w	which business is to be	conducted (corporation, partners) The Pendergrass Movin		proprictorship, with or without trade name.)
		1456 Waters Edge Drive, O		
		Street Address of		
		PO Box 1024, Mt. Plea	sant SC 294	65
1	Mail	ing Address of Applicant if di	fferent from s	treet address
	843-971-09	19		
	Phone			FAX
		pendergrassmovingo	co@gmail.com	m
		Email Addı		

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

AUG 2 1 2009

STATE OF SOUTH CAROLINA **SECRETARY OF STATE**

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

CHETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

	ame of the limited liability company wh	
The a	na Code of 1976, as amended is	ich complies with Section 33-44-105 of the South PENDERGRASS MOVING COMPANY, LLC
	ddress of the initial designated office of	f the Limited Liability Company in South Carolina is
1456	WATERS EDGE DRIVE	
	Stree	et Address
CHAI	RLESTON	29492
	City	Zip Code
The in	nitial agent for service of process of the	Limited Liability Company is
AMA)	NDA G. PENDERGRASS	Lander or and
Name		Signature
and th	e street address in South Carolina for t	this initial agent for service of process is
	WATERS EDGE DRIVE	
1430)		et Address
CHAR	RLESTON	29492
	City	Zip Code
(a)	ame and address of each organizer is AMANDA G. PENDERGRASS Name	
	1456 WATERS EDGE DRIVE	CHARLESTON
	Street Address	City
	SOUTH CAROLINA	29492
	State	Zip Code
(p)	MARK E. PENDERGRASS Name	
		CH ADI PETON
	1456 WATERS EDGE DRIVE Street Address	CHARLESTON City
	SOUTH CAROLINA	29492
	State	Zip Code
	(Add additional lines if necessary)	, and the second
[]	Check this box only if the company is specified:	s to be a term company. If so, provide the term 090824-0462 FILED: 08/21/2009
		PENDERGRASS MOVING COMPANY, LLC THE Filing Fee: \$110.00 ORIG
		Mark Hammond South Carolina Secretary of Sta

THE PENDERGRASS MOVING COMPANY, LLC Name of Limited Liability Company

6. [√]		Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:			
	(a)	AMANDA G. PENDERGRASS Name			
		1456 WATERS EDGE DRIVE	. CHARLESTON		
		Street Address	City		
		SOUTH CAROLINA	29492		
		State	Zip Code		
	(b)	MARK E. PENDERGRASS Name			
			CH (B) ECTON		
		1456 WATERS EDGE DRIVE Street Address	CHARLESTON City		
			·		
		State	29492 Zip Code		
		State	Zip Code		
	(c)				
	(0)	Name	· · · · · · · · · · · · · · · · · · ·		
			•		
		Street Address	City		
		·	,		
		State	Zip Code		
	(4)		.:		
	(d)	Name			
			• •		
		Street Address	City		
		State	Zip Code		
		(Add additional time if seconds)			
		(Add additional lines if necessary)	,		
7. []		debts and obligations under section 33-44-3	embers of the company are to be liable for its 803(c). If one or more members are so liable, s, obligations or liabilities such members are		

THE PENDERGRASS MOVING COMPANY, LLC

Name of Limited Liability Company

В.	Unless a delayed effective date is specified, these a filing by the Secretary of State. Specify any delayed	
9.	Set forth any other provisions not inconsistent with I including any provisions that are required or are per company operating agreement.	
10.	Signature of each organizer May Fundament (Add Additional lines if necessary)	Date <i>AUGUST 19, 2009</i>

FILING INSTRUCTIONS

- 1. File two copies of this form, the original and either a duplicate original or a conformed copy.
- If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
- 3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State P.O. Box 11350 Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

COPY

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PENDERGRASS MOVING COMPANY, LLC THE, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 21st, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 24th day of August, 2009.

Mark Hammond, Secretary of State

3. Select Entity	Type: (Check one)		
	al Owner/Sole Propr	•	
Partnersh	nip - List names and	address of all person h	aving an interest in the business.
	ion - List names and	addresses of two princ	ipal officers
Amanda Per	ndergrass, 1456 Water	s Edge Drive, Charleston	. SC 29492
Mark Pende	rgrass, 1456 Waters E	dge Drive, Charleston, SC	C 29492
4 Applicant p	ranasas ta anarata s	orvino on fallows. (Cl.	
		ervice as follows: (Chec Interstate Only	•
O milasi	ate Only	Interstate Only	O Both
			\$ and the second
	certified to provide		on of household goods in another state: (Check one.)
O Yes		No	
If yes, attac regulations	th a letter from the reg of said state agency.	gulatory agency in the sta	te(s) stating applicant is in compliance with the rules and
by the rules other state? (nt been convicted of and regulations pert (Check one.)	aining to the intrastate t No	state household goods authority or failure to abide transportation of household goods in this state or any
7. Has applican any other sta	nt ever had a certific tte? (Check onc.)	ate authorizing the trans	sportation of household goods revoked in this state or
○ Yes		No	
If yes, list	dates and nature of r	evocations below.	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Applicat	tion is	Filed:
Month		Year	

Assets:

Cash	See Attachment A
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

9:20 AM 02/17/11 Accrual Basis

The Pendergrass Moving Company, LLC Balance Sheet

As of February 17, 2011

	Feb 17, 11
ASSETS	
Current Assets	
Checking/Savings	
10000 · First Citizens Bank	9,187.62
10001 · SunTrust Business Checking	1,000.00
10002 · SunTrust LOC	37,500.00
Total Checking/Savings	47,687.62
Total Current Assets	47,687.62
Fixed Assets	
13000 · Furniture and Office Equipment	413.06
15000 - 2004 Kenworth	22,900.00
17000 · Accumulated Depreciation	-242.38
Total Fixed Assets	23,070.68
TOTAL ASSETS	70,758.30
LIABILITIES & EQUITY	-
Liabilities	
Long Term Liabilities	
20003 · Hitachi Loan	17,129.98
Total Long Term Liabilities	17,129.98
Total Liabilities	17,129.98
Equity	
30300 · Member Contributions - AGP	31,287.19
30500 · Member Contributions - MEP	34,201.53
30600 · Member Draws - MEP	-14.00
32000 · *Retained Earnings	-8,908.60
Net Income	-2,937.80
Total Equity	53,628.32
TOTAL LIABILITIES & EQUITY	70,758.30

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:
Will join the South Carolina Tariff Bureau, Inc.
COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED
Commodities to be Transported: (Check one)
➤ Household Goods, as defined in R103-210(1)
☐ Hazardous Wastes, as defined in R103-210(2)
Areas to be Served (List each county in which you plan to operate)
Between points and places in Charleston, Berkeley and Dorchester Counties.

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *
Kenworth	2004 T300	2NKMHD6X94M062252	16,000 lbs	10,000 lbs
				1000 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1

^{*} Number of seats if passenger carrier or tonnage if freight carrier

INSURANCE QUOTE

This form MUST BE COMPLETED AND SEGNED by an AIFTHORE	ZED INSURANCE COMPANY REPRESENTATI
The following insurance quote is for:	
The Penderarass Movim co	moanulic.
The Pend-ergrass Moving Co	rrier
1456 Water Edge Dr Char	
Address of Motor C	ROTOVI SL 2919-12
Vintered of Model C	urie:
Amount of Premium:	Limits Onetad: (See Relow)
1 inhilling framework of 2702 AC	Al a citizana
Liability Insurance \$ 2283.95	Limits \$1 Million
Cargo Lasurance \$ 937	Limits \$50,000
* Attach Certificate of Insurance if available.	
•	
Auto - Owners Insurance Co	e Company
Name of Insurance Co	mpany
(101 Anacapri Blud Lang	sing MI 48917-3999
I am familiar with the Commission's Rules and Regulations relation meets the minimum insurance limits prescribed. The insurance of South Carolina Department of Insurance to do business in South (ompany making this quote is authorized by the
1-20-11 Werde Croc	ten
Authorized Insurance	e Company Representative's Signature
* Form E and Form H Certificates of Insurance are required to be filed with maintainers that the Form Household Goods carriers are listed below:	b the Office of Regulatory Staff (ORS). The schedule of
Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle Hability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one mot	or vehicle \$ 2,500
For loss of or dismage to or aggregate of lesses or damages of or t any one time and place	o property occurring at \$ 5,000
NUTICE:	
If you wish to self-instate your motor vehicles for liability and property during	e, you must comply with S.C. Code Ann. Sections 56-9-60
and 58-23-910. For more information, contact Vacicie Color with the Department	ot of Motor Valuicites at (803) 896-8457.
If you wish to apply as a soif-insured for worker's compensation coverage is	s South Carolina you may do so with the South Carolina
Worker's Compensation Commission (WCC) provided that you will be able to:	1) post a surety bond or letter-of-tradit with the WCC for

a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wec.state. sc.us/self-insurance.

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Exhibit FWA

The Pendergrass Moving Company, LLC Name					
			name		
2102998 U.S.D.O.T No.				733436	
				ICC No.	
1.	Does Applicant have a	Safety Rating from	the U.S.D.O.T.?		
	○ Yes	No	Pending	(Submit when received.)	
	If Yes, indicate ra	nting below and pro	ovide copy.	,	
	Satisfactory	O Cor	nditional O Un	esatisfactory	
2.	Have any of Applicant's the past twelve (12) mo	drivers or vehicle	s been places "out of serv	ice" by Transport Police safety officers in	
	○ Yes	No			
3	Are there currently any	outstanding judgm	nent(s) against the Applica	ant?	
	O Yes	No			
]	Is Applicant familiar wi laws that govern for-hir in compliance with thes	e motor carrier ope	erations in South Carolina	ety regulations and workers' compensation, and does Applicant agree to operate	
	• Yes	O No			
5. I	ls Applicant aware of the	e Commission's in	surance requirements and	the insurance premium costs associated	
	Yes	O No			
Con	c attached Insurance Quot imission, a copy of currer iested.)	c form must be comp at insurance policies	pleted, listing current insura may be required. Do not pro	ovide copy of insurance policies unless	
	Historie M	ORE ME 2many . 20 11 7 Cm 27 / 2019	- Tenuou	Applicant's Signature	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLÍNA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto. and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A. S.C. Code Ann., 1976) and amendments thereto, and hereby promises compiled therewith.

OUNTY OF _	Charleston	Applicant's Signature	
,	David Popowski Name of Applicant's Representative	Attorney at Law	
of	The Pendergrass Moving Company, LLC Applicant		
ne Applicant fo	or the Certificate of Public Conv tatements contained in the above	venience and Necessity as set forth in the foregoing, swear or e application are true and correct.	

Notare Public

Commission Expires 3/27/2019